



Cold Spring Harbor Laboratory

P.O. Box 100, Cold Spring Harbor, New York 11724

1982 REGISTRATION

Name
and
Address

MEETING:

PAPILLOMA VIRUSES

DATE: Sept. 14 - 18, 1982

COLD SPRING HARBOR FEES:

Housing, Food and \$ 325
Registration

Food and \$ 255
Registration ONLY.

PLEASE FILL IN OR CHECK APPROPRIATE INFORMATION:

FINANCIAL:

(Please circle appropriate information below)

Enclosed: \$ _____ \$ _____ full payment \$ _____ housing deposit \$ _____ no housing deposit
(\$30)

\$ _____ \$ _____ payment arriving from _____
(Name of Person or Institution)

_____ Telephone Number of Institution or Laboratory.
(Area Code)

REGISTRATION FORMS MUST ACCOMPANY ABSTRACTS IF ONE IS TO BE PRESENTED AND NEITHER WILL
BE ACCEPTED WITHOUT THE PROPER DEPOSIT OR PAYMENT.

Receipts with a breakdown will be issued upon full payment of fees.

HOUSING AND FOOD:

Housing is limited and will not be allocated without advance payment
or a deposit of \$92. Total fee must be paid even though participant
may not plan to attend entire meeting or take full meal
allotment. In most instances housing is at least two-three to a room
with shared bath facilities; therefore please indicate:

_____ male _____ female _____ car available _____ Special diet _____ date of arrival at
Laboratory.

GUESTS PLANNING TO ARRIVE A DAY PRIOR TO THE MEETING MUST INDICATE THIS ON THE REGISTRATION
FORM OR BY LETTER SO THAT WE CAN PROVIDE HOUSING. WE CANNOT ACCOMMODATE SPOUSES OR FAMILIES.

FIRST SESSION WILL BEGIN AT 7:30 P.M. ON SEPTEMBER 15.--DINNER IS SERVED FROM 5:30 - 8:00 P.M.

THREE WEEK CANCELLATION NOTICE IS REQUIRED FOR REFUNDING OF COLD SPRING HARBOR FEES OR DEPOSIT.

PLEASE RETURN TO MEETINGS COORDINATOR AT THE ABOVE ADDRESS

(516) 367 8345